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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

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CORRELATION OF THEORY AND PRACTICE IN SCHOOLS OF NURSING

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[In view of the constant difficulty which we, as heads of Training Schools, experience in obtaining head nurses who feel their responsibility as teachers to the student nurse, we are publishing this paper by Miss Hyde which was read before the Chicago League of Nursing Education.

Our supervisors should realize more fully that the preliminary course teaches only preliminary subjects and does not cover all the practical procedures that the student nurse must learn nor does it eliminate the need for careful supervision of all nursing procedures. *Esprit de corps* and good nursing technique are the results, not only of good teaching, but of constant and very careful supervision. Miss Hyde's article is timely and practical.—A. S. G.]

I AM very happy tonight to have the chance to say to you what has been in my mind for the past three years. To those of you who know that I am an alumna of only two years, that statement may need explanation. Let me say, then, that as early as my Senior year in training I began to keep a little red book of "Inconsistencies" as I saw them. When a seeming inconsistency was cleared up it was scratched off. But there was, at graduation, a fair sized list that never was erased.

I believe that critical attitude typifies the attitude of the nurse today; I believe the undercurrent of unrest and dissatisfaction that permeated our entire nurses' group is present in an ever creeping tide in all present-day training schools. We may like it or not, we may wish to go back to the old type of school where discipline was severe and awe inspiring, but the fact remains—we have on our hands a different type of young women to train,—a young woman whose ideas are almost as syncopated as the music she adores—and unless we adapt our methods to this changed type we shall be left on the scrap heap.

To conserve, then, the best elements in the old systems and reclothe them with a new spirit—that attitude alone, will, I believe, carry us forward in this new era of nursing activity with any degree of success.

Accepting, since we must, this new type of young woman, understanding her psychology, we must necessarily alter some of our teaching methods. To hold her we must interest her and constantly

re-interest her until finally the sense of mastery of her profession will provide its own stimulus.

In the actual work of the training school only one thing supersedes in importance teaching of correct method. That thing is spirit. "Law keeping is not morality," says someone. Great as it is to teach a nurse how to do things rightly, there is a greater problem, namely, to make her want to do things rightly. But the prime subject under discussion tonight is not the moral one, but the practical one. I do not, however, admit that there is any distinct dividing line between them.

I have divided my thoughts roughly into three groups which, for want of better title, I will call: 1—Choosing your heads; 2—Running the ward "together"; 3—Definite problems of correlation.

As to the first, my belief is contained in two sentences: (a) One should choose a teacher who has been a head nurse; (b) One should choose a head nurse who can teach.

More or less the present attitude toward the head nurse and the instructor is that in the class room the ideal method is *taught* but that in the stress of emergencies or the pressure of daily work on the floor, a second best method is *used*. Do you not think that if the so-called second-best method is a time saver it should be the one taught? Are we to have a sort of company or dress technique when we have more time and a less "frilly" one when we have more work? Yet every one here has heard older nurses say to younger ones, "Oh, you won't fuss like that when you get to Ward H. or G." Is this a real criticism then of a too elaborate technique? Or does it only mean that the nurses do things in a slap dash, get it over, fashion when pushed for time? Are instructors taking account of emergency or short time methods in their teaching? If so, why do so many nurses lose their heads when emergencies come and seek vainly to remember "how it was taught"? Also, have we not attached too much disrepute to the substitution of any piece of apparatus, say, in a treatment? I am not upholding laxity in using proper equipment, but I am acutely mindful of the raised eyebrows of my own head nurses when a piece of bandage on a bottle top was started left instead of right, or a connecting tube was one-eighth of an inch larger in diameter than had been used for the last ten years. A case in point occurred recently. A new graduate, an excellent one, too, when confronted in a home with a scarcity of equipment searched for some time for a salt dip in which to fix an hypodermic and finally used the top of a perfume bottle. It never occurred to her that any substance other than glass would work.

On the other hand, the average head nurse is too little in sympathy with the class room. Her attitude is "If Miss So and So could

come up here and see things as they are,—” Am I not right? How far can she further or supplement the class room, should be her attitude.

I think we head nurses *talk* at pupils too much and work with them too little. Back in kindergarten days the acted lesson was the only thing that held. Its power as a memory strengthener is still potent. How many nurses know the awkward feel of getting something off a table too close to the bed? Have you ever taken a nurse in an unoccupied room and tried the thing out with her? Have you ever made your diet nurse drink a glass of lukewarm water or eat a cold potato?

The average young pupil nurse comes on to the wards alive with enthusiasm. Her technique is awkward, she is slow—but she improves rapidly. Then comes a slackening, she cuts corners unless she is very unusual. It is here that the head nurse must come in to re-kindle interest.

This brings me to my second point—the secret of the thing to my notion is “Running the ward together.” Why not? It’s the same principle as profit sharing,—here it’s responsibility sharing. May I suggest a few points?

- 1—Everyone must know the diagnosis of every patient and points in their recovery. A morning talk of five minutes will do this.
- 2—Head nurses must be ready to explain terms,—in fact, must seek out such chances.
- 3—Cases of a kind must be related to the individual variations pointed out. Ward clinics are used all too little.
- 4—Encourage pupils to ask questions of doctors.
- 5—Arrange for older nurses to make rounds with doctors.
- 6—Arrange for as many as possible to see an interesting dressing or unusual treatment.

In the business of a coöperative attitude there is all the place in the world for mutual respect, but I see no place for “fear.” The older time “Tartar” of a head nurse is no longer either desirable or, in the higher sense, efficient. The influence of fatigue on the morale of the nurse is not to be overlooked. When the fatigue point is approaching, it is time for the head nurse to actually put her shoulder to the wheel.

I want to suggest several questions for discussion as my third point:

- 1—How far should the instructor follow up work on the ward?
- 2—How much can the spirit of competition accomplish? Associated with this is the question of class standing, publicly posted at the end of given periods. Senior demonstrations before the entire school and, if possible, the staff doctors, come in here.
- 3—How much help can older nurses give in training younger ones? Is class distinction necessary to accomplish this?

- 4—Can a pupil nurse outline her day's work successfully? How about individual conferences with the head nurse?
 - 5—In line with this, could the entire group of nurses on a ward meet in conference to any advantage? Would the frequent changes we have, make this impossible?
 - 6—Would anything be gained by having the newly instructed nurses sent out to give treatments, even before they become incorporated in the routine of baths and trays? Would they get their habits of technique formed more quickly because of this early chance to practice?
 - 7—Would it be feasible to have a very young nurse on call for running errands and cleaning up after accidents and emergencies? Would she learn anything about what is of primary and what of secondary importance and be less apt to lose her head when the responsibility in such cases came directly on her?
 - 8—Why do we leave our lessons in costs and economy to the senior year? Could competition between floors keep the overhead down?
 - 9—How shall we abolish "I think" and establish "I know"?
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RED CROSS PIN PROTECTED BY CONGRESS

THAT the protection of the Red Cross symbol by Act of Congress has been both necessary and efficacious is demonstrated by the recent arrest in New England by Department of Justice agents of a woman who had been posing as a Red Cross Nurse in a private hospital. Not only had this woman obtained employment, but had succeeded in raising funds by the false claim of overseas service with the A. R. C.

It cannot be too emphatically nor too often repeated that the wearing of a Red Cross pin by a nurse not enrolled in the Red Cross Nursing Service is contrary to law. The Congressional ruling on this matter is as follows:

"It shall be unlawful for any person within the jurisdiction of the United States to wear or display the sign of the Red Cross or any insignia colored in imitation thereof for the fraudulent purpose of inducing the belief that he is a member of or an agent for the American National Red Cross.

If any person violates the provisions of this section he shall be deemed guilty of a misdemeanor and upon conviction in any Federal Court shall be liable to a fine of not less than \$1.00 nor more than \$500, or imprisonment for a term not exceeding one year, or both, for each and every offence."

THE NURSING COUNCIL OF THE PUBLIC HEALTH FEDERATION CINCINNATI—RECRUITING CAMPAIGN

As a part of the general campaign for nurse recruiting, the Nursing Council of the Public Health Federation, made up of representatives of the seven nursing training schools in the city, as well as representatives from all of the organizations employing public health nurses, extended an invitation to visit the training schools to all of the Junior and Senior students in the high schools. In response to the invitation, 514 visits were paid to the nursing training schools during two weeks. Very few of the girls registered to visit only one training school, a large majority signing up to visit two and three and a few, the entire seven. On the whole the response was more enthusiastic from the Junior students than from the Senior, this probably being true because of the fact that Seniors have so many other interests at this time of the year. It will be interesting to note the results of this effort and its effect upon the registration on the training schools of the coming year.